Fill in this information to identify your case:							
Debtor 1	Feji Cherian						
Debtor 2 (Spouse, if filing)							
United States E	Bankruptcy Court for the: Eastern District of Pennsylvania						
Case number (if known)	22-10032						

Check as directed in lines 17 and 21:								
According to the calculations required by this Statement:								
	1. Disposable income is not determined under 11 U.S.C. § 1325(b)(3).							
	2. Disposable income is determined under 11 U.S.C. § 1325(b)(3).							
	3. The commitment period is 3 years.							
	4. The commitment period is 5 years.							

■ Check if this is an amended filing

Official Form 122C-1

Chapter 13 Statement of Your Current Monthly Income and Calculation of Commitment Period

10/19

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for being accurate. If more space is needed, attach a separate sheet to this form. Include the line number to which the additional information applies. On the top of any additional pages, write your name and case number (if known).

	What is your marital and filing status? Check one	only.							
	☐ Not married. Fill out Column A, lines 2-11.								
	■ Married. Fill out both Columns A and B, lines 2-1	1.							
	ill in the average monthly income that you received from 01(10A). For example, if you are filing on September 15, the 6 e 6 months, add the income for all 6 months and divide the to pouses own the same rental property, put the income from the	6-month pe tal by 6. F	eriod would ill in the re	be Ma sult. Do	rch 1 throu not includ	igh Au le any ave no Colu	ugust 31. If the amount mothing to report for amount Mothing to report for amount A	ount of your ore than or any line, w Column	r monthly inconce. For examinite \$0 in the s
						Deb	tor 1	Debtor non-fili	2 or ng spouse
	Your gross wages, salary, tips, bonuses, overtim payroll deductions).	e, and co	ommissio	ons (b	efore all	\$	11,713.33	\$	0.00
	Alimony and maintenance payments. Do not inclu Column B is filled in.	de payme	ents from	a spo	use if	\$	0.00	\$	0.00
	All amounts from any source which are regularly of you or your dependents, including child support from an unmarried partner, members of your househ and roommates. Do not include payments from a sport you listed on line 3.	ort. Includ old, your	le regular depende	contr nts, pa	ibutions arents,	\$	0.00	\$	0.00
١.	Net income from operating a business, profession, or farm	Debto	r 1						
	Gross receipts (before all deductions)	\$_	0.00						
	Ordinary and necessary operating expenses	- \$ _	0.00						
	Net monthly income from a business, profession, or	farm \$	0.00	Copy	/ here ->	\$	0.00	\$	0.00
	Net income from rental and other real property	Debto							
	Gross receipts (before all deductions)	\$_	0.00						
	Ordinary and necessary operating expenses	- \$ _	0.00						
	Net monthly income from rental or other real property	/ \$	0.00	Copy	/ here ->	\$	0.00	\$	0.00

Case 22-10032-amc Doc 41 Filed 07/18/22 Entered 07/18/22 10:07:11 Desc Main Document Page 2 of 13

22-10032

Case number (if known)

Column A Column B Debtor 1 Debtor 2 or non-filing spouse 0.00 0.00 7. Interest, dividends, and royalties 8. Unemployment compensation 0.00 0.00 Do not enter the amount if you contend that the amount received was a benefit under the Social Security Act. Instead, list it here: For you_____ 0.00 For your spouse 0.00 9. Pension or retirement income. Do not include any amount received that was a benefit under the Social Security Act. Also, except as stated in the next sentence, do not include any compensation, pension, pay, annuity, or allowance paid by the United States Government in connection with a disability, combat-related injury or disability, or death of a member of the uniformed services. If you received any retired pay paid under chapter 61 of title 10, then include that pay only to the extent that it does not exceed the amount of retired pay to which you would otherwise be entitled 0.00 0.00 if retired under any provision of title 10 other than chapter 61 of that title. 10. Income from all other sources not listed above. Specify the source and amount. Do not include any benefits received under the Social Security Act; payments received as a victim of a war crime, a crime against humanity, or international or domestic terrorism; or compensation, pension, pay, annuity, or allowance paid by the United States Government in connection with a disability, combat-related injury or disability, or death of a member of the uniformed services. If necessary, list other sources on a separate page and put the total below. 0.00 0.00 0.00 0.00 Total amounts from separate pages, if any. 0.00 11. Calculate your total average monthly income. Add lines 2 through 10 for 11,713.33 0.00 11,713.33 \$ each column. Then add the total for Column A to the total for Column B. Total average monthly income Part 2: **Determine How to Measure Your Deductions from Income** 12. Copy your total average monthly income from line 11. 11,713.33 13. Calculate the marital adjustment. Check one: ☐ You are not married. Fill in 0 below. You are married and your spouse is filing with you. Fill in 0 below. You are married and your spouse is not filing with you. Fill in the amount of the income listed in line 11, Column B, that was NOT regularly paid for the household expenses of you or your dependents, such as payment of the spouse's tax liability or the spouse's support of someone other than you or your dependents. Below, specify the basis for excluding this income and the amount of income devoted to each purpose. If necessary, list additional adjustments on a separate page. If this adjustment does not apply, enter 0 below. 0.00 0.00 Copy here=> 11,713.33 14. Your current monthly income. Subtract line 13 from line 12. 15. Calculate your current monthly income for the year. Follow these steps: 11.713.33 15a. Copy line 14 here=>

Feji Cherian

Debtor 1

Case 22-10032-amc Doc 41 Filed 07/18/22 Entered 07/18/22 10:07:11 Desc Main Document Page 3 of 13

Debtor 1	Feji Cherian	Case number (if known)	22-10032
	Multiply line 15a by 12 (the number of months in a year).		x 12
15	o. The result is your current monthly income for the year for this pa	art of the form.	\$ <u>140,559.96</u>

Case 22-10032-amc Doc 41 Filed 07/18/22 Entered 07/18/22 10:07:11 Desc Main Document Page 4 of 13

22-10032

Case number (if known)

16. Calculate the median family income that applies to you. Follow these steps: PA 16a. Fill in the state in which you live. 16b. Fill in the number of people in your household. 4 16c. Fill in the median family income for your state and size of household. 105.138.00 To find a list of applicable median income amounts, go online using the link specified in the separate instructions for this form. This list may also be available at the bankruptcy clerk's office. Line 15b is less than or equal to line 16c. On the top of page 1 of this form, check box 1, Disposable income is not determined under 11 U.S.C. § 1325(b)(3). Go to Part 3. Do NOT fill out Calculation of Your Disposable Income (Official Form 122C-2). Line 15b is more than line 16c. On the top of page 1 of this form, check box 2, Disposable income is determined under 11 U.S.C. § 17b. 1325(b)(3). Go to Part 3 and fill out Calculation of Your Disposable Income (Official Form 122C-2). On line 39 of that form, copy your current monthly income from line 14 above. Part 3: Calculate Your Commitment Period Under 11 U.S.C. § 1325(b)(4) 18. Copy your total average monthly income from line 11. \$ 11,713.33 19. Deduct the marital adjustment if it applies. If you are married, your spouse is not filing with you, and you contend that calculating the commitment period under 11 U.S.C. § 1325(b)(4) allows you to deduct part of your spouse's income, copy the amount from line 13. 0.00 19a. If the marital adjustment does not apply, fill in 0 on line 19a. -\$ 11,713.33 19b. Subtract line 19a from line 18. \$ 20. Calculate your current monthly income for the year. Follow these steps: 11,713.33 20a. Copy line 19b Multiply by 12 (the number of months in a year). **x** 12 140,559.96 \$ 20b. The result is your current monthly income for the year for this part of the form 105,138.00 20c. Copy the median family income for your state and size of household from line 16c \$ 21. How do the lines compare? Line 20b is less than line 20c. Unless otherwise ordered by the court, on the top of page 1 of this form, check box 3, The commitment period is 3 years. Go to Part 4. Line 20b is more than or equal to line 20c. Unless otherwise ordered by the court, on the top of page 1 of this form, check box 4, The commitment period is 5 years. Go to Part 4. Part 4: By signing here, under penalty of perjury I declare that the information on this statement and in any attachments is true and correct. X /s/ Feji Cherian Feji Cherian Signature of Debtor 1 Date July 18, 2022 MM / DD / YYYY If you checked 17a, do NOT fill out or file Form 122C-2. If you checked 17b, fill out Form 122C-2 and file it with this form. On line 39 of that form, copy your current monthly income from line 14 above.

Feji Cherian

Debtor 1

Case 22-10032-amc Doc 41 Filed 07/18/22 Entered 07/18/22 10:07:11 Desc Main Document Page 5 of 13

Fill in this inf	ormation to identify your case:	
Debtor 1	Feji Cherian	
Debtor 2 (Spouse, if filir	ng)	
United States	Bankruptcy Court for the: Eastern District of Pennsylvania	
Case number (if known)	22-10032	■ Check if this is an amended filing

Official Form 122C-2

Chapter 13 Calculation of Your Disposable Income

04/19

To fill out this form, you will need your completed copy of Chapter 13 Statement of Your Current Monthly Income and Calculation of Commitment Period (Official Form 122C-1).

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for being accurate. If more space is needed, attach a separate sheet to this form, Include the line number to which additional information applies. On the top any additional pages, write your name and case number (if known).

Part 1:

Calculate Your Deductions from Your Income

The Internal Revenue Service (IRS) issues National and Local Standards for certain expense amounts. Use these amounts to answer the the questions in lines 6-15. To find the IRS standards, go online using the link specified in the separate instructions for this form. This information may also be available at the bankruptcy clerk's office.

Deduct the expense amounts set out in lines 6-15 regardless of your actual expense. In later parts of the form, you will use some of your actual expenses if they are higher than the standards. Do not include any operating expenses that you subtracted from income in lines 5 and 6 of Form 122C–1, and do not deduct any amounts that you subtracted from your spouse's income in line 13 of Form 122C–1.

If your expenses differ from month to month, enter the average expense.

Note: Line numbers 1-4 are not used in this form. These numbers apply to information required by a similar form used in chapter 7 cases.

5. The number of people used in determining your deductions from income

Fill in the number of people who could be claimed as exemptions on your federal income tax return, plus the number of any additional dependents whom you support. This number may be different from the number of people in your household.

4

National Standards

You must use the IRS National Standards to answer the questions in lines 6-7.

6. **Food, clothing, and other items:** Using the number of people you entered in line 5 and the IRS National Standards, fill in the dollar amount for food, clothing, and other items.

1,740.00

7. Out-of-pocket health care allowance: Using the number of people you entered in line 5 and the IRS National Standards, fill in the dollar amount for out-of-pocket health care. The number of people is split into two categories--people who are under 65 and people who are 65 or older--because older people have a higher IRS allowance for health car costs. If your actual expenses are higher than this IRS amount, you may deduct the additional amount on line 22.

Case 22-10032-amc Doc 41 Filed 07/18/22 Entered 07/18/22 10:07:11 Desc Main Document Page 6 of 13

Feji Cherian 22-10032 Debtor 1 Case number (if known) People who are under 65 years of age 7a. Out-of-pocket health care allowance per person 7b. Number of people who are under 65 4 7c. Subtotal. Multiply line 7a by line 7b. 272.00 Copy here=> 272.00 People who are 65 years of age or older 7d. Out-of-pocket health care allowance per person 142 7e. Number of people who are 65 or older 0 7f. Subtotal. Multiply line 7d by line 7e. 0.00 0.00 Copy here=> 7g. Total. Add line 7c and line 7f 272.00 Copy total here=: 272.00 Local Standards You must use the IRS Local Standards to answer the questions in lines 8-15. Based on information from the IRS, the U.S. Trustee Program has divided the IRS Local Standard for housing for bankruptcy purposes into two parts: Housing and utilities - Insurance and operating expenses Housing and utilities - Mortgage or rent expenses To answer the questions in lines 8-9, use the U.S. Trustee Program chart. To find the chart, go online using the link specified in the separate instructions for this form. This chart may also be available at the bankruptcy clerk's office. Housing and utilities - Insurance and operating expenses: Using the number of people you entered in line 5, fill 795.00 in the dollar amount listed for your county for insurance and operating expenses. Housing and utilities - Mortgage or rent expenses: 9a. Using the number of people you entered in line 5, fill in the dollar amount 2,216.00 listed for your county for mortgage or rent expenses. 9b. Total average monthly payment for all mortgages and other debts secured by your home. To calculate the total average monthly payment, add all amounts that are contractually due to each secured creditor in the 60 months after you file for bankruptcy. Next divide by 60. Name of the creditor Average monthly payment Pnc Mortgage 206.00 **Prudential Bank** 2,666.67 Сору Repeat this amount 2.872.67 9b. Total average monthly payment here=> on line 33a. 9c. Net mortgage or rent expense. Subtract line 9b (total average monthly payment) from line 9a (mortgage Copy 0.00 0.00 or rent expense). If this number is less than \$0, enter \$0. here=>

Explain why:

10. If you claim that the U.S. Trustee Program's division of the IRS Local Standard for housing is incorrect and

affects the calculation of your monthly expenses, fill in any additional amount you claim.

0.00

Case 22-10032-amc Doc 41 Filed 07/18/22 Entered 07/18/22 10:07:11 Desc Mair Document Page 7 of 13

22-10032

Case number (if known)

11. Local transportation expenses: Check the number of vehicles for which you claim an ownership or operating expense. □ 0. Go to line 14. ☐ 1. Go to line 12. 2 or more. Go to line 12. 12. Vehicle operation expense: Using the IRS Local Standards and the number of vehicles for which you claim the 586.00 operating expenses, fill in the Operating Costs that apply for your Census region or metropolitan statistical area. 13. Vehicle ownership or lease expense: Using the IRS Local Standards, calculate the net ownership or lease expense for each vehicle below. You may not claim the expense if you do not make any loan or lease payments on the vehicle. In addition, you may not claim the expense for more than two vehicles. Vehicle 1 **Describe Vehicle 1:** 2016 HONDA ODYSSEY 36000 miles 13a. Ownership or leasing costs using IRS Local Standard..... 533.00 13b. Average monthly payment for all debts secured by Vehicle 1. Do not include costs for leased vehicles. To calculate the average monthly payment here and on line 13e, add all amounts that are contractually due to each secured creditor in the 60 months after you file for bankruptcy. Then divide by 60. Name of each creditor for Vehicle 1 Average monthly payment N Wilmington Sav Fund So 8.63 Repeat this Copy amount on line 33b. **Total Average Monthly Payment** 8.63 8.63 13c. Net Vehicle 1 ownership or lease expense Copy net Vehicle 1 Subtract line 13b from line 13a. if this number is less than \$0, enter \$0. expense here 524.37 524.37 Vehicle 2 Describe Vehicle 2: 13d. Ownership or leasing costs using IRS Local Standard..... 0.00 13e. Average monthly payment for all debts secured by Vehicle 2. Do not include costs for leased vehicles. Name of each creditor for Vehicle 2 Average monthly payment -NONE-\$ Copy Repeat this here amount on line 33c. Total average monthly payment 0.00 0.00 13f. Net Vehicle 2 ownership or lease expense Copy net Vehicle 2 Subtract line 13e from line 13d. if this number is less than \$0, enter \$0. expense here 0.00 0.00 14. Public transportation expense: If you claimed 0 vehicles in line 11, using the IRS Local Standards, fill in the 0.00 Public Transportation expense allowance regardless of whether you use public transportation. 15. Additional public transportation expense: If you claimed 1 or more vehicles in line 11 and if you claim that you may also deduct a public transportation expense, you may fill in what you believe is the appropriate expense, but you may 0.00 not claim more than the IRS Local Standard for Public Transportation.

Feji Cherian

Debtor 1

Case 22-10032-amc Doc 41 Filed 07/18/22 Entered 07/18/22 10:07:11 Desc Main Document Page 8 of 13

 Debtor 1
 Feji Cherian
 Case number (if known)
 22-10032

Oth	er Necessary Expenses	In addition to the expense d		ons listed above	e, you are allowed your monthly expense	s for		
16.		mount that you will actually p	ay for		nd local taxes, such as income taxes, clude the monthly amount withheld from			
	your pay for these taxes. He		ive a ta	ax refund, yoʻu m	nust divide the expected refund by 12			
	Do not include real estate,	sales, or use taxes.				\$	2,238.00	
17.	Involuntary deductions: T contributions, union dues, a		0.00					
	Do not include amounts that	t are not required by your job	, such	as voluntary 40	01(k) contributions or payroll savings.	\$	0.00	
18.	Life Insurance: The total m filing together, include payn Do not include premiums fo of life insurance other than	\$	0.00					
19.	• • • • • • • • • • • • • • • • • • • •	n as spousal or child support	payme	ents.	,	\$	0.00	
20	Education: The total month	-			You will list these obligations in line 35.	<u> </u>		
20.	as a condition for your jo		uucan	on that is either	required.			
	_		child i	f no public educ	cation is available for similar services.	\$	0.00	
21		, , , ,		·	sitting, daycare, nursery, and preschool.			
		r any elementary or seconda		•	onung, adyodro, narodry, and probonoon	\$	0.00	
22.	that is required for the healt		depen	dents and that i	r amount that you pay for health care s not reimbursed by insurance or paid al entered in line 7.			
	Payments for health insurar	nce or health savings accour	its sho	uld be listed onl	y in line 25.	\$	0.00	
23.	23. Optional telephone and telephone services: The total monthly amount that you pay for telecommunication services for you and your dependents, such as pagers, call waiting, caller identification, special long distance, or business cell phone service, to the extent necessary for your health and welfare or that of your dependents or for the production of income, if it is not reimbursed by your employer. Do not include payments for basic home telephone, internet and cell phone service. Do not include self-employment expenses, such as those reported on line 5 of Official Form 122C-1, or any amount you previously deducted.							
24.	Add all of the expenses all Add lines 6 through 23.	llowed under the IRS expe	nse all	owances.		\$	6,339.32	
Add	litional Expense Deduction	These are additional do Note: Do not include a						
25.					nses. The monthly expenses for health oly necessary for yourself, your spouse,	or		
	Health insurance		\$	1,514.00				
	Disability insurance		\$	0.00				
	Health savings account	+	\$	0.00	_			
	Total		\$_	1,514.00	Copy total here=>	\$	1,514.00	
	Do you actually spend this	total amount?						
	☐ No. How much do y							
	Yes		\$					
26.	Continued contributions of continue to pay for the reast your household or member include contributions to an a	\$	0.00					
27.	Protection against family	violence. The reasonably ne	ecessa	ry monthly expe	enses that you incur to maintain the ces Act or other federal laws that apply.			
	By law, the court must keep	\$	0.00					

Case 22-10032-amc Doc 41 Filed 07/18/22 Entered 07/18/22 10:07:11 Desc Main Document Page 9 of 13

ebtor 1	Feji Cherian		Case number (if kr	nown)	22-1	0032		
	Additional home energy costs. Your homine 8.	ne energy costs are included in your insur	ance and opera	ating	expense	es on		
	If you believe that you have home energy on the fill in the excess amount of home energy of the fill in the excess amount of home energy of the fill in the excess amount of home energy of the fill in the excess amount of home energy of the fill in the excess amount of home energy of the fill in the excess amount of home energy of the fill in the excess amount of home energy of the fill in the excess amount of home energy of the fill in the excess amount of home energy of the fill in the excess amount of home energy of the fill in the excess amount of home energy of the fill in the excess amount of home energy of the fill in the excess amount of home energy of the fill in the excess amount of home energy of the fill in the excess amount of home energy of the fill in the excess amount of home energy of the fill in the excess amount of home energy of the fill in the excess amount of home energy of the fill in the excess amount of the excess amount of the fill in the excess amount of the		costs included	in ex	penses	on line		
	You must give your case trustee document amount claimed is reasonable and necessa		ust show that th	ne ac	lditional		\$	0.0
9	Education expenses for dependent child \$170.83* per child) that you pay for your depublic elementary or secondary school.	dren who are younger than 18. The more pendent children who are younger than 1	nthly expenses (18 years old to a	(not i	more that d a priva	an ate or		
	You must give your case trustee document claimed is reasonable and necessary and r		ust explain why	the	amount			
*	* Subject to adjustment on 4/01/22, and ev	ery 3 years after that for cases begun on	or after the date	e of a	djustme	nt.	\$	341.6
ŀ	Additional food and clothing expense. The monthly amount by which your actual food and clothing expenses are higher than the combined food and clothing allowances in the IRS National Standards. That amount cannot be more than 5% of the food and clothing allowances in the IRS National Standards.							
	To find a chart showing the maximum additionstructions for this form. This chart may also			sepa	rate			
,	You must show that the additional amount	claimed is reasonable and necessary.					\$	0.0
	Continuing charitable contributions. The instruments to a religious or charitable organizations.		ute in the form o	of cas	sh or fina	ancial		
I	Do not include any amount more than 15%	of your gross monthly income.					\$	100.0
	Add all of the additional expense deduc Add lines 25 through 31.	tions.					\$_	1,955.66
Dedu	ctions for Debt Payment							
	or debts that are secured by an interest pans, and other secured debt, fill in lines		ome mortgages	s, vel	nicle			
	o calculate the total average monthly paym reditor in the 60 months after you file for ba		y due to each s	ecur	ed			
	Mortgages on your home							age monthly
33a.	Copy line 9h here					=>	payn	
JJa.						/	Ψ	2,872.67
204	Loans on your first two vehicles						Φ.	0.00
33b.						=>	>	8.63
33c.	Copy line 13e here					=>	\$	0.00
33d.	List other secured debts:							
Name	e of each creditor for other secured debt	Identify property that secures the debt		incl	es paym ude tax nsuranc	es		
					No			
	-NONE-				Yes		\$	
					No			
					Yes		\$	
				_			Ψ	
					No			
					Yes	+	\$	
33e	Total average monthly payment. Add lines	s 33a through 33d	\$	2,88	1.30	Copy total here=	\$	2,881.30

Debtor 1	Feji	Cherian			Case	e number (if known)	22-10032		
		debts that you listed in li property necessary for y				,			
	No.	Go to line 35.							
	Yes.	State any amount that you listed in line 33, to keep p Next, divide by 60 and fill	ossession of your property						
Name	e of the	creditor	Identify property that se	cures the del	ot	Total cure amoun		Monthly amount	
Pnc	Mort	gage	4 Madison Way Do 19335 Chester Co		n, PA \$ \$	793.0			13.22
					\$		÷ 60 = \$;	
					Total	\$ 13	.22 Copy total here=	. \$	13.22
35 D 4	o vou 4	owe any priority claims -	such as a priority tax, chi	ild support	or alimony - th	at			
		due as of the filing date				uı			
	No.	Go to line 36.							
	Yes.		uch as those you listed in li						
		Total amount of all past-	due priority claims			\$ 9,483	.16 ÷ 60	\$_	158.0
36. P r	rojecte	d monthly Chapter 13 pla	in payment			\$3,500	.00		
Ot the To	ffice of e Exec o find a l	nultiplier for your district as the United States Courts (f utive Office for United State ist of district multipliers that inc nstructions for this form. This li	or districts in Alabama and es Trustees (for all other di ludes your district, go online u	North Caro stricts). sing the link s	ina) or by pecified in the	7.40			
36	parate i	national for this form. This is	ot may also be available at the	bankiupicy c	erk 3 office.	250.0	Copy tot		250.00
A۱	verage	monthly administrative exp	pense			\$259.0	here=>	\$	259.00
		of the deductions for deles 33e through 36.	bt payment.					\$	3,311.57
Total	Deduc	tions from Income							
38. A	dd all d	of the allowed deductions	5.						
ϵ	expens				6,339.32	_			
(Copy lir	ne 32, All of the additional e	expense deductions	. \$	1,955.66	_			
(Copy lir	ne 37, All of the deductions	for debt payment	+\$	3,311.57	-			
7	Total de	eductions		\$	11,606.55	Copy total he	re=>	\$	11,606.55

	Cherian			Cas	e numi	per (if known) 2	2-10032	
art 2: De	etermine You	ır Disposable Income Under 11 U.S.C. § 13.	25(b)(2)					
		rent monthly income from line 14 of Form		apter 13				44 = 40 00
Statem	ent of Your (Current Monthly Income and Calculation of	f Commitm	ent Period.			\$	11,713.33
children disability received	n. The month y payments for d in accordan	If y necessary income you receive for supportly average of any child support payments, fos or a dependent child, reported in Part I of Formatic with applicable nonbankruptcy law to the ended for such child.	ter care pa n 122C-1, t	yments, or hat you	\$	(0.00	
41. Fill in a employe in 11 U.S	41. Fill in all qualified retirement deductions. The monthly total of all amounts that your employer withheld from wages as contributions for qualified retirement plans, as specifie in 11 U.S.C. § 541(b)(7) plus all required repayments of loans from retirement plans, as specified in 11 U.S.C. § 362(b)(19).					(0.00	
•		ons allowed under 11 U.S.C. § 707(b)(2)(A).	Copy line 3	88 here =>	> \$	11,606	 6.55	
43. Deduct ion expense their exp	ion for species and you happenses. You	ial circumstances. If special circumstances judy on or reasonable alternative, describe the special give your case trustee a detailed explansion ocumentation for the expenses.	ustify additi	onal nstances and		,		
Describe th	ne special ci	rcumstances	Amo	ount of expe	nse			
			\$					
			\$					
			\$					
		Total	\$	0.00	Co _l	py e=> \$	0.00	
44. Total ad	djustments.	Add lines 40 through 43.		=> [5	11,606.55	Copy here=> -\$	11,606.55
	ite vour mon	thly disposable income under § 1325(b)(2)	Cubtro at li	44 (!'	0/	2		106.78
	•	ome or Expenses	. Subtract ii	ne 44 from II	ne 3	5.	\$	100.110
46. Change have ch time you you filed	hange in Income of anged or are ur case will be drought your petition	or expenses. If the income in Form 122C-1 or virtually certain to change after the date you be open, fill in the information below. For example, check 122C-1 in the first column, enter line in when the increase occurred, and fill in the a	r the expen filed your b ple, if the w 2 in the sec	ses you repo ankruptcy pe ages reporte cond column,	orted i	in this form and during the reased after		
46. Change have ch time you you filed	hange in Income of anged or are ur case will be drought your petition	or expenses. If the income in Form 122C-1 or virtually certain to change after the date you to open, fill in the information below. For example, check 122C-1 in the first column, enter line	r the expen filed your be ple, if the w 2 in the sec amount of t	ses you repo ankruptcy pe ages reporte cond column,	orted i	in this form and during the reased after		

Debtor 1	Feji Cherian	Case number (if known)	22-10032
Part 4:	Sign Below		
В	By signing here, under penalty of perjury you declare that the info	rmation on this statement and in any atta	achments is true and correct.
_	/s/ Feji Cherian Feji Cherian Signature of Debtor 1		
	July 18, 2022 MM / DD / YYYY		

Case 22-10032-amc Doc 41 Filed 07/18/22 Entered 07/18/22 10:07:11 Desc Main Document Page 13 of 13

Debtor 1 Feji Cherian Case number (if known) 22-10032

Current Monthly Income Details for the Debtor

Debtor Income Details:

Income for the Period 07/01/2021 to 12/31/2021.

Line 2 - Gross wages, salary, tips, bonuses, overtime, commissions

Source of Income: PRO UNLIMITED

Year-to-Date Income:

Starting Year-to-Date Income: **\$70,910.00** from check dated **6/30/2021**. Ending Year-to-Date Income: **\$141,190.00** from check dated **12/31/2021**.

Income for six-month period (Ending-Starting): \$70,280.00 .

Average Monthly Income: \$11,713.33 .